



SELLER OF TRAVEL REGISTRATION APPLICATION

(See enclosed instructions for assistance.)
Use an additional page as needed for each question.)

LEAVE THIS SPACE BLANK

1. _____

TODAY'S DATE

PLEASE PRINT OR TYPE

2. Have you, any owner, or manager of this business ever previously applied for registration as a Seller of Travel?

CHECK ONE: YES NO

If "YES," enter Seller of Travel Program registration number(s): _____

Enter the business start date (when applicant has or will have first advertised, offered, arranged, or sold air or sea transportation): ____/____/____

LEGAL NAME OF APPLICANT(S):

3.

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

ARC/IATAN NUMBER:

4.a.

CITY, STATE, AND ZIP CODE:

COUNTRY:

MAILING ADDRESS (IF DIFFERENT FROM 4a):

4.b.

CITY, STATE, AND ZIP CODE:

COUNTRY:

EMAIL ADDRESS

CALIFORNIA COUNTY WHERE BUSINESS IS LOCATED (SEE 4a):

4.c.

or Located outside California

NAME OF PRIMARY CONTACT PERSON:

TELEPHONE:

FAX:

4.d.

4.e. List the street address, city, state, and zip code of additional business locations: Provide the ARC/IATAN number(s), if any:

(1) _____

(2) _____

(3) _____

4.f. Number of business locations: _____ (Combine 4a & 4e)

4.g. Check your affiliation status: ARC IATAN None Pending (ARC or IATAN) Suspended (ARC or IATAN)

4.h. Optional: Name and address of attorney or consultant if you want that person sent copies of any notices of deficiencies in your submitted application:

ALL FICTITIOUS BUSINESS NAMES (D.B.A.) UNDER WHICH YOU DO BUSINESS OR INTEND TO DO BUSINESS:

5.

NAME

COUNTY WHERE FILED

5.a. Your URL address (Web site address) (Optional): _____

CHECK TYPE OF OWNERSHIP:

- 6.a. Sole Proprietorship Husband/Wife Co-Ownership Partnership
 Limited Liability Company Corporation Other legal entity; describe below:

IDENTIFY THE STATE OR FOREIGN COUNTRY WHERE THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY IS RECORDED:

PLACE: _____ RECORD./ CORP. #: _____

- b. If you are a **Corporation**: Is your stock or the stock of a company owning at least 10% of your corporation publicly traded on a national securities quotation system or stock exchange? YES: _____ NO
IDENTIFY THE EXCHANGE
- c. Are you a registered non-profit entity? YES NO
- d. If you are a **motor club**, are you certified under Part 5 of Division 2 of the Insurance Code? YES

7.a. Provide complete information for all Owners, Officers, Partners, and/or Sole Proprietors who are natural persons, including identifying each person who owns/controls 10% or more of the business or has claim to 60% or more of its net income:

(1) Full name: _____ Position(s): _____

Date of birth: ____/____/____
RESIDENCE ADDRESS: _____

BUSINESS TELEPHONE: _____
(_____) _____
BUSINESS ADDRESS: _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," Owner's Social Security Number (SSN): ____ - ____ - ____

(2) Full name: _____ Position(s): _____

Date of birth: ____/____/____
RESIDENCE ADDRESS: _____

BUSINESS TELEPHONE: _____
(_____) _____
BUSINESS ADDRESS: _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," Owner's Social Security Number (SSN): ____ - ____ - ____

(3) Full name: _____ Position(s): _____

Date of birth: ____/____/____
RESIDENCE ADDRESS: _____

BUSINESS TELEPHONE: _____
(_____) _____
BUSINESS ADDRESS: _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," Owner's Social Security Number (SSN): ____ - ____ - ____

7.b. Businesses or other legal entities which own or control 10% or more of the registering business or which have claim to 10% or more of the registering business' net income:

(1) Name of business: _____

Type of business: _____

State or foreign country where formed: _____

PRINCIPAL OFFICE ADDRESS, INCLUDING COUNTRY

(2) If Owner is itself a Corporation or Partnership, enter the name of that Corporation's or Partnership's CEO, General or Managing Partner, position and residence address:

NAME AND POSITION

RESIDENCE ADDRESS, INCLUDING COUNTRY

(3) If Owner is a Trust, list all Trustees, their dates of birth, residence addresses, driver's licenses or equivalent identification numbers, and the state or foreign country where issued:

NAME

DATE OF BIRTH

RESIDENCE ADDRESS, INCLUDING COUNTRY

DRIVER'S LICENSE OR IDENTIFICATION NUMBER, STATE OR FOREIGN COUNTRY WHERE ISSUED

8.a. Has the registering Seller of Travel, Principal (Owner, Officer, Partner, or Sole Proprietor), or any other Seller of Travel owned or managed by any Owner or Principal of this registering Seller of Travel, or that Seller of Travel itself, had entered against that person or entity any judgment, including a stipulated judgment, order, made a plea of nolo contendere or guilty, or been convicted of any criminal violation? Include in your answer anyone listed in Question 7a and 7b. Identify the person, the name and address of the court or administrative agency which rendered the judgment, order, or conviction, the docket number, and the date of the judgment, order, or conviction. Identify the nature of the case or judgment. Disclosures about marital dissolution, child support, and child custody proceedings are not required. You are not required to disclose citations for parking, motor vehicle or local offenses under code or ordinance for which the sole penalty imposed was a fine of \$250 or less.

9 YES 9 NO

8.b. Provide the following information for each Seller of Travel, Owner or Principal for whom "YES" was given:

(1) Name of Seller of Travel, Owner or Principal: _____

Name and Address of the Court or administering agency rendering the judgment, order or conviction: _____

Docket number: _____

Date of judgment or order: _____

Describe the nature of the case or judgment: _____

DUPLICATE ON ADDITIONAL ATTACHED PAGES THAT INFORMATION SET FORTH IN (1) FOR EACH ADDITIONAL JUDGMENT, ORDER OR CONVICTION, IF NECESSARY.

9. Do you or will you sell, market, or distribute "travel certificates"? 9 YES 9 NO
If "YES," attach a copy of the travel certificate. 9 ATTACHED

- 11.a. Do you wish to be exempt from the Trust Account or Seller of Travel Surety Bond requirement?
 YES, I elect and qualify for the exemption from maintaining a Trust Account or Surety Bond for retail transactions.
 NO, I do not seek exemption from maintaining a Trust Account or Surety Bond regardless of whether or not I qualify.
- 11.b. Do you currently hold an ARC appointment?
 YES NO

12.a. This business has had the **same legal form** (for example, as a Corporation, Partnership, Sole Proprietorship, etc.) continuously for the three years prior to the filing date of this registration. (You must check the NO box if your business has been in existence as a Seller of Travel for less than three years, or is less than 3 years old.)
 YES NO

12.b. Has your business continuously had the **same owners** (whether persons or legal entities) in the three years prior to the filing date of this registration? [You may exclude consideration of any former owners (whether persons or legal entities) who have ceased being owners during the past three years. Also, you need only consider owners that have a 10% or greater ownership interest.]
 YES NO

12.c. If "NO," has your business been acquired by, or formed by, a registered Seller of Travel that has itself been in business under the same ownership for a period of three years prior to the filing date of your application?
 YES NO

If "YES," fill in the Seller of Travel registration number _____ of the business that acquired or formed your business. Fill in The Business Name _____ of the acquiring/forming Seller of Travel. Fill in the address and ARC/IATAN Number(s) of the acquiring/forming Seller of Travel:

 ADDRESS CITY STATE ZIP ARC/IATAN NUMBER (IF ANY)

CONSUMER PROTECTION DEPOSIT PLAN:

13.a. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in the United States Tour Operators Association Consumer Protection Deposit Plan or any other Consumer Protection Deposit Plan which has been approved by the Attorney General. A Consumer Protection Deposit Plan, by statute, requires depositing with the Administrator of the Plan a minimum of \$1,000,000. Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.
 ATTACHED

CONSUMER PROTECTION ESCROW PLAN:

13.b. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in an approved Consumer Protection Escrow Plan which requires full compliance with Section 17550.16(c). Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.
 ATTACHED

14. You must use a Trust Account or obtain a Surety Bond to protect client funds if any of the following apply:
- a) your business is less than three years old;
 - b) your business has an Owner who acquired an ownership within the last three years;
 - c) you do not hold an ARC appointment;
 - d) you do not participate in an approved Consumer Protection Deposit or Consumer Protection Escrow Plan; or
 - e) you are otherwise disqualified for the exemption under Business & Professions Code Section 17550.16(a).

14.a. Identify all of your Trust Account(s):

(An ARC Trust Account does not qualify as the Seller of Travel Trust Account.)

Financial institution and branch location: _____ Trust Account name(s) and number(s): _____

BANK NAME

TRUST ACCOUNT NUMBER

ADDRESS

TRUST ACCOUNT NAME AS SHOWN IN BANK RECORDS

CITY

STATE / COUNTRY

ZIP

(1) Make additional copies of the enclosed, blank **Attachment 100** (Authorization And Consent Form). Each Principal (Owner, Officer, Partner, or Sole Proprietor) listed in Questions 7a and 7b must complete and sign a copy of Attachment 100.

9 ATTACHED

(2) Attach a signed copy of the enclosed **Attachment 300** (Seller Of Travel Trust Account Delegation of Trustee Responsibilities) if you delegate to any officer or employee the management of the trust account. Do not include Attachment 300 if you do not make such a delegation.

9 ATTACHED

14.b. Identify your qualifying Surety Bond obtained as an alternative to depositing 100% of client funds into a Trust Account if you have elected this option:

(A bond or letter of credit payable to ARC (“an ARC Bond”) does not qualify as the Seller of Travel Surety Bond.)

Surety Bond Issuer: _____ Amount of Bond: _____

Surety Bond Number _____

Attach a copy of the Seller of Travel Surety Bond and your completed Attachment 400:

9 ATTACHED

15. **AMENDMENTS & TRANSFERS OF OWNERSHIP:** You must file an amendment with the Seller of Travel Program if there is a change in the information you have supplied prior to the expiration of your annual registration. Use **Attachment 600** for adding or deleting owners or partners or creating encumbrances. You must submit Attachment 600 at least ten days prior to the effective date of any transfer of ownership. For other changes use **Attachment 500** or write a letter noting the amendments and submit it within 10 days of the change.